

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re NATALIE M. NEBBLETT,

Debtor,

Chapter 11

Case No. 11-27398

GE CAPITAL CORPORATION,

Plaintiff,

v.

A.P. No. 11-02587-RTL

NATALIE M. NEBBLETT, GERALD M.
SHERMAN, JERSEY SHORE
ORTHODONTICS, LLC, and NAT I, LLC,

Defendants.

CERTIFICATE OF SERVICE

I, Jonathan R. Miller, hereby certify as follows:

1. On or about March 1, 2012, I caused a copy of the complaint and summons in the above-captioned matter to be served via regular and certified mail, together with copies of the Court's pretrial instructions and blank form of Joint Pretrial Order, upon the following:

Jersey Shore Orthodontics, LLC
c/o Natalie M. Nebblett
3 Geraldine Court
Farmingdale, NJ 07727

Gerald M. Sherman
3 Geraldine Court
Farmingdale, NJ 07727

NAT I, LLC
c/o Natalie M. Nebblett
3 Geraldine Court
Farmingdale, NJ 07727

2. Attached to this certification are true and correct copies of the U.S. Postal Service domestic return receipts, indicating that each of the foregoing defendants were served on March 6, 2012.

3. Also, to date none of the documents mailed via regular mail have been returned, undelivered, to this office.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date: April 18, 2012

/s/ Jonathan R. Miller
Jonathan R. Miller, Esq.
WONG♦FLEMING, P.C.
821 Alexander Road, Suite 150
P.O. Box 3663
Princeton, New Jersey 08543-3663
P: 609 951 9520
jmiller@wongfleming.com
Attorneys for GE Capital Corporation

SENDER: COMPLETE THIS SECTION

- Document Page 3 of 5
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gerald M. Sherman
3 Grandine Court
Farmingdale NY 01727

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/6

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7011 0110 0002 2392 5181

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
7011 0110 0002 2392 5181	Postage \$ 2.10
	Certified Fee 2.45
	Return Receipt Fee (Endorsement Required)
	Restricted Delivery Fee (Endorsement Required)
	Total Postage & Fees \$ 5.05
	Postmark Here
Sent To: Gerald M. Sherman Street, Apt. No.; or PO Box No. City, State, ZIP+4 3 Grandine Court Farmingdale NY 01727	
Form 3811, August 2000 See Reverse for Instructions	

Document Page 4 of 5 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jersey Shore Orthodontics LLC
c/o Natalie M. Webbhoff
3 Geraldine Court
Farmingdale NJ 07727

2. Article Number-

(Transfer from service label)

2011 0110 0002 239

PS Form 3811, February 2004

Domestic Return Receipt

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 2.10
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.05
Postmark Here	
Sent To Jersey Shore Orthodontics, LLC c/o Natalie Nabb Street, Apt. No.; or PO Box No. 3 Grandview Court Farmingdale, NY 11727 City, State, ZIP+4	

SENDER: COMPLETE THIS SECTION

Document Page 5 of 5

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NAT I, LLC

c/o Natalie M. Nabbefit
 3 Geraldine Court
 Farmingdale NY 07727

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/6/07

D. Is delivery address different from item 1?

 Yes
 If YES, enter delivery address below:
 No

3. Service Type

- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7011 0110 0002 2392 5389

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
7011 0110 0002 2392 5389	Postage \$ 2.10 Certified Fee 2.95 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ 5.05
Postmark Here	
Sent To NAT I, LLC c/o Natalie M. Nabbefit Street, Apt. No.; or PO Box No. City, State, ZIP+4 3 Geraldine Court Farmingdale NY 07727	
PS Form 3800, FEB 15, 2006 See Reverse for Instructions	